

Name
In
Full

Child of Charles W. Bittinger

CERTIFICATE OF DEATH

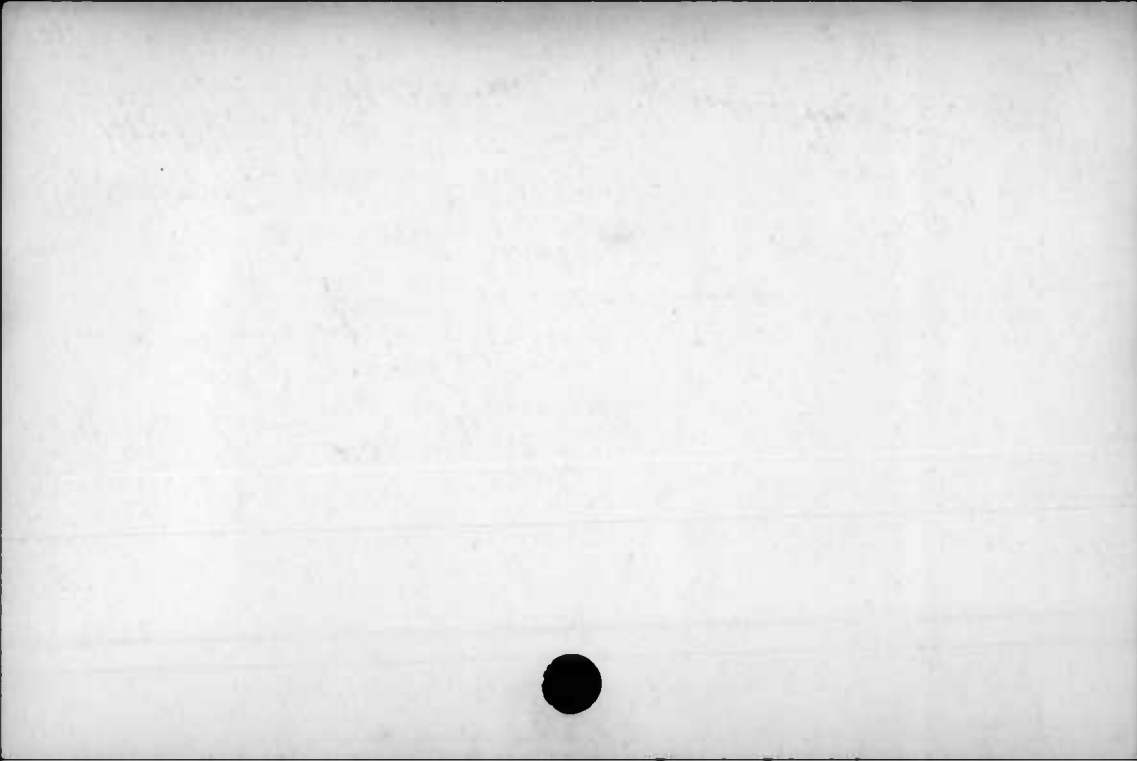
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Jennings</u> Town		<u>Garrett</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>June</u>	Day <u>6</u>	Age _____	Months _____	Days <u>11</u>
Sex <u>female</u>	Color or Race <u>white</u>		Birth place <u>Jennings, Md.</u>		
Occupation <u>none</u>	Where Residing if not at place of death _____				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband _____				
Father's Name <u>Charles W. Bittinger</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>May Hoover</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving information <u>Harrison Bittinger</u>	How related to deceased <u>Uncle</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Thrush</u>	<u>100</u>	How long <u>10 days</u>
Immediate _____		How long _____
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of <u>Peter Nathan, A.R.</u>	
	Address <u>Grantsville, Md.</u>	
Accident or Suicide? <u>—</u>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Oakeand</i>		County <i>Garett</i>		MARYLAND	
Date of death		1907	Month <i>June</i>	Day <i>24</i>	Age <i>18</i>	Years	Months Days
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>West Va</i>
Occupation	<i>None</i>		Where Residing if not at place of death				
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Edw. Kildow</i>					Father's Birthplace	<i>Edw. Kildow</i>
Mother's Maiden Name	<i>"</i>					Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Mrs. Kildow</i>					How related to deceased	<i>Wife</i>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary tuberculosis</i>	How long	<i>18 mos</i>
Immediate	<i>Sepsis</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>P. D. Legge</i>	
		Address <i>Oakeand Md</i>	
Accident or Suicide?			

|||||

35-

|||||

8 Kelly HAD 2 HAD

3 " 3 Seat 1

7 Muthi 4 Seat 36

4 " 3 "

10 Mary 3 Seat 3

4 Hinch 3 Seat

Seal

12 32 x 6 - 6

5 4 - 6 x 4 - 0
8

Name
in
Full

Andy Durot

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

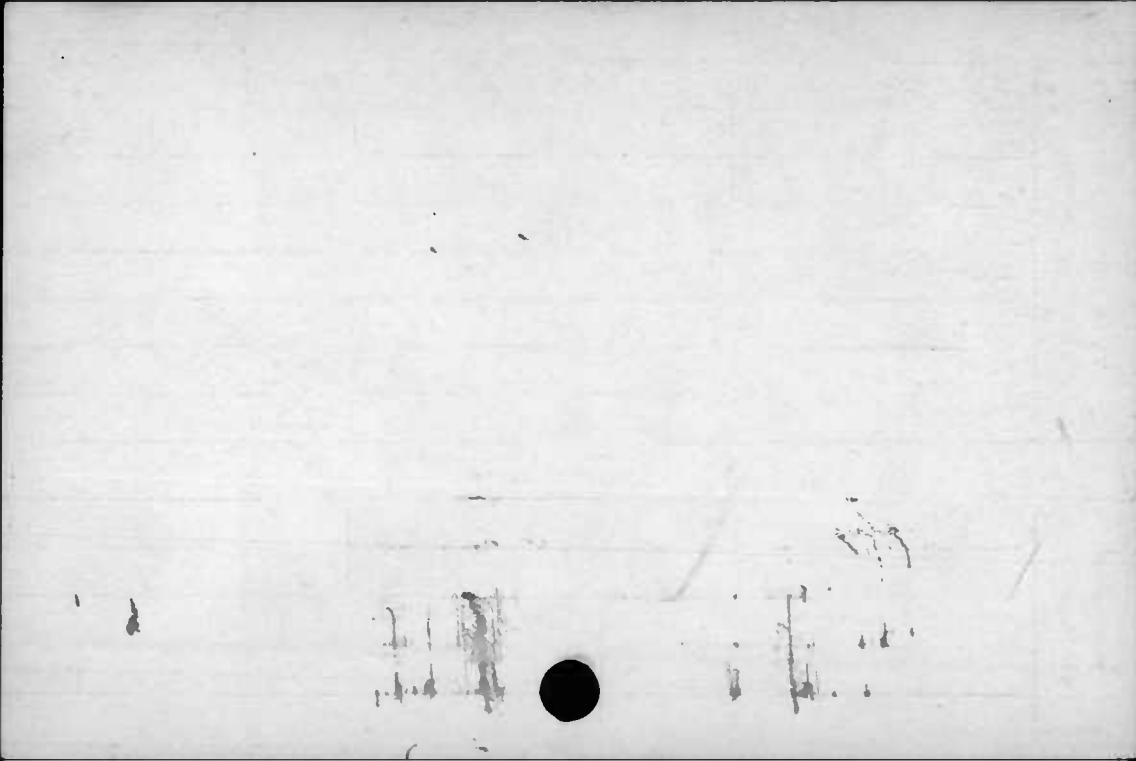
Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
7		8	7	27		5	9
Sex		Color or Race		Birth-place			
Male		White		Crantonville Md			
Married, Single or Widowed		Occupation					
Single		Lumpman					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Josiah Durot				Crantonville			
Mother's Maiden Name				Mother's Birthplace			
Nancy J. Cranner				Summers Pa			
Name of person giving information				How related to deceased			
Josiah Durot				Father			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Initial Cause of Death	How long
	Myocardial degeneration, Chronic Nephritis	12 months
Immediate	Suppression urine	24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
J. D.		H. J. Robinson
		Address
		Crantonville Md
Accident or Suicide?		
No		



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Infant Lewis

CERTIFICATE OF DEATH

MARYLAND

Died at

Hoyes ^{Town}

County

Garrett

Date

of death 1907

Month

June

Day

19

Age

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Wm. J. Lewis

Father's
Birthplace

Md.

Mother's
Maiden Name

Florence A. Lewis

Mother's
Birthplace

Md.

Name of person giving
Information

Ray Lewis

How related
to deceased

Cousin

CAUSES OF DEATH

Primary

Premature

(151)

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above? *Signature of
Physician

Address

Accident or Suicide?

J. H. Starnes
Farmsville Md
Sub. Registrar

Sebolts cemetery
no physician attending

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

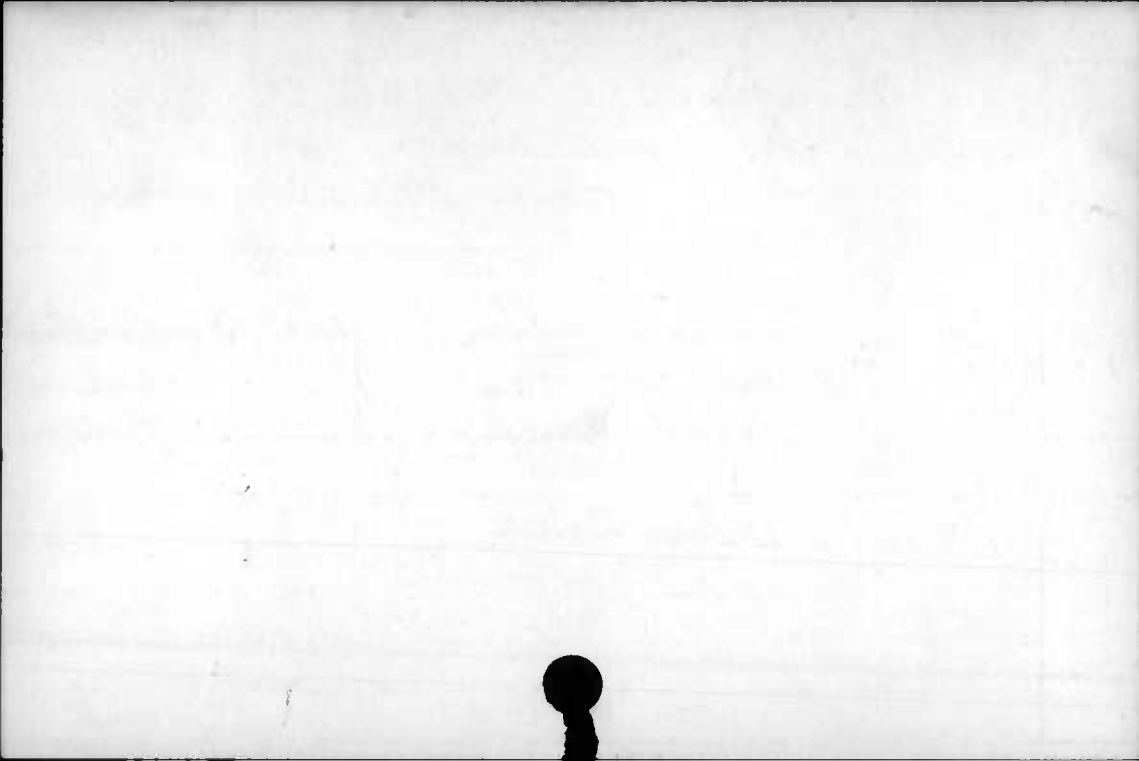
Died at <i>Freight</i> Town <i>Freight</i> County <i>Garrett</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>12</i>	Age <i>61</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Pa</i>	
Occupation <i>Miner</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Elizabeth Hazel McKinnis</i>		
Father's Name <i>John W. McKinnis</i>	Father's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Barbara English</i>	Mother's Birthplace <i>Pa</i>		
Name of person giving information <i>Edward W. McKinnis</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis (Pulmonary)</i>	How long <i>one year</i>
Immediate <i>Resp failure</i>	How long <i>?</i>
Are the name, age, sex, color, date and place correctly given above? <i>They are</i>	Signature of Physician <i>F. Alan G. Murray M.D.</i>
<i>to the best of knowledge</i>	Address <i>Wt. Lenoir</i>
Accident or Suicide? <i>—</i>	<i>Allegany Co. W. Va.</i>



Name
in
Full

Child of Lewis Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

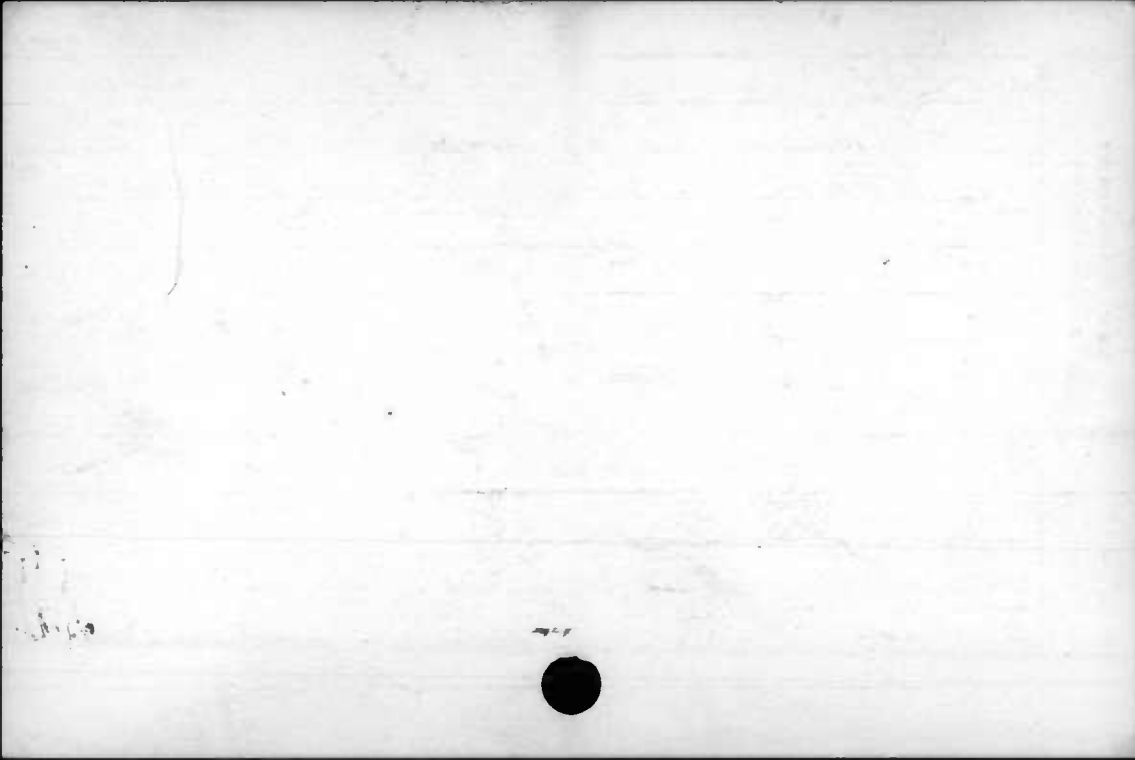
MARYLAND

Died at		Town Grantonville		County Garrett	
Date of death 190		Month 7	Day 6	Age abortion	Years 5 1/2
Sex male		Color or Race white		Birth-place Grantonville Md	
Occupation —		Where Residing if not at place of death —			
Married, Single or Widowed —		Name of Wife or Husband —			
Father's Name Lewis Miller		Father's Birthplace Grantonville Md			
Mother's Maiden Name Mary Hostler		Mother's Birthplace accident Md			
Name of person giving information Joel Miller		How related to deceased Grandfather			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Abortion	How long
Immediate	Did not breathe	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H. T. Robinson
		Address Grantonville Md
Accident or Suicide?		



Name
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Full

Russell Runners

CERTIFICATE OF DEATH

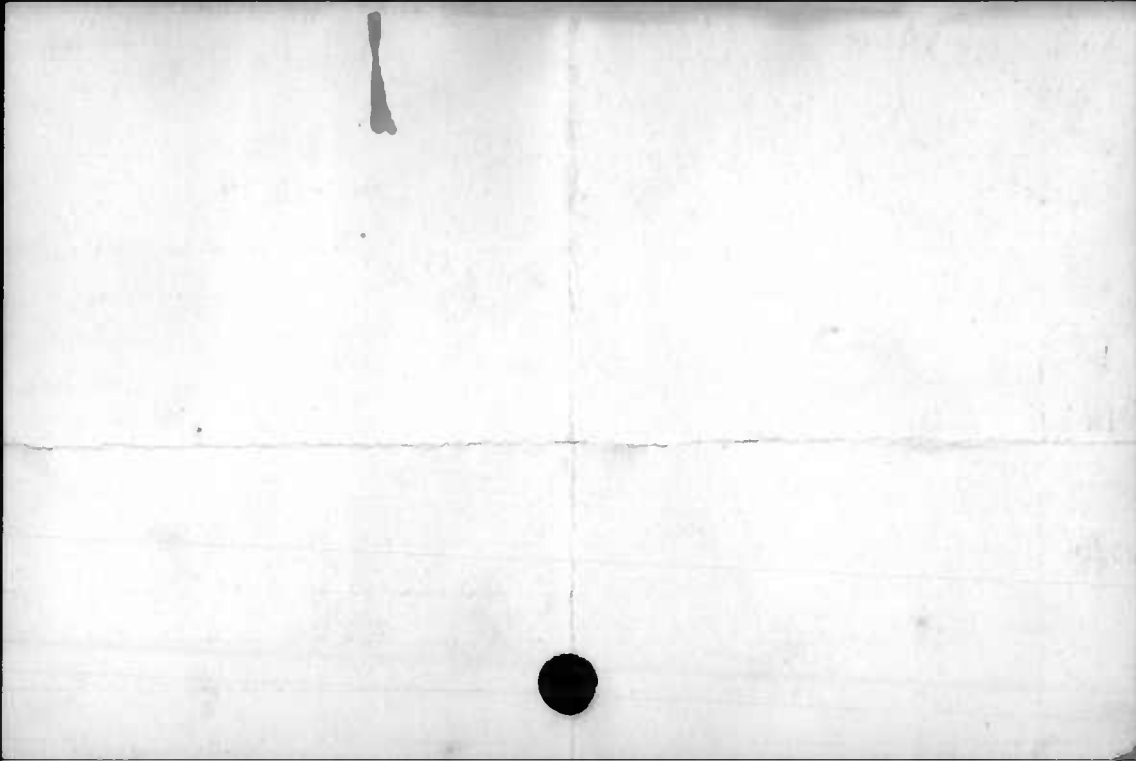
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dist No 8</i>		Town <i>Garrett</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>June</i>	Day <i>20</i>	Age <i>4</i>	Years	Months <i>11</i>	Days <i>1</i>
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Noah Runners</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Bora Miller</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	<i>(9)</i>	How long <i>6 days</i>
Immediate <i>Heart failure</i>		How long <i>sudden</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Armed A. Schen</i>	
	Address <i>Egdon</i>	
	<i>West Virginia</i>	
Accident or Suicide? <i>—</i>		



Name
in
Full

Catherine Schmale

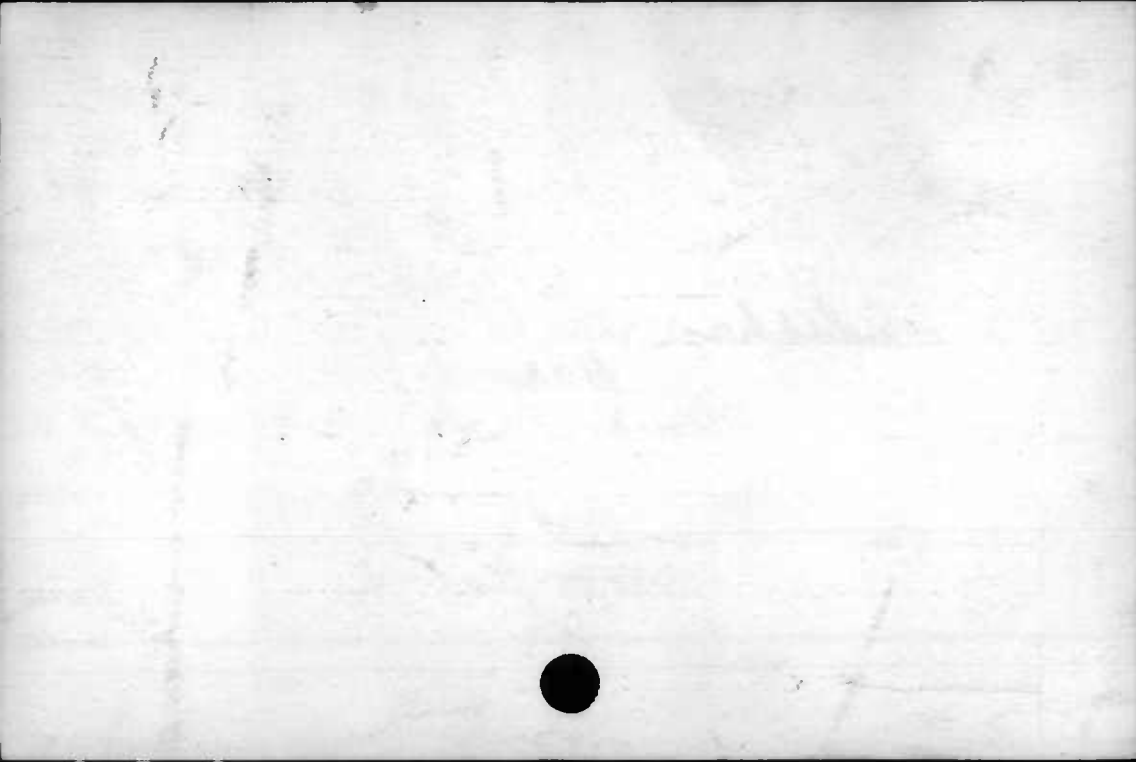
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Accident</u> ^{Town}		<u>Garrett</u> ^{County}		MARYLAND	
Date of death <u>1907</u> ^{Month} <u>June</u> ^{Day} <u>3</u> ^{Years} <u>47</u> ^{Months} <u>8</u> ^{Days} <u>1</u>		Sex <u>Female</u> Color or Race <u>white</u>		Birth-place <u>Maryland</u>	
Occupation <u>Domestic</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>married</u>		Name of Wife or Husband <u>Conrad Schmale</u>			
Father's Name <u>Christ Schlossnagle</u>		Father's Birthplace <u>Germany</u>			
Mother's Maiden Name <u>Don't know</u>		Mother's Birthplace <u>Germany</u>			
Name of person giving information <u>Johrad Schmale</u>		How related to deceased <u>Husband</u>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Influenza</u> (10)	How long <u>2 mo.</u>
	Immediate <u>Exhaustion</u>	How long <u>1-week</u>
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H.R. Boyer MD</u>
		Address <u>Accident</u>
Accident or Suicide?		<u>md.</u>



Name in Full		Harrison. H Teats				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} <i>Freundeville</i>		^{County} <i>Barrett</i>		MARYLAND		
	Date of death	<i>1907</i>	Month <i>June</i>	Day <i>17</i>	Age <i>38</i>	Months	Days
	Sex	<i>Male</i>		Color or Race	<i>White</i>		
	Occupation	<i>Laborer</i>		Where Residing if not at place of death			
	Married, Single or Widowed	<i>married</i>		Name of Wife or Husband <i>Minie A. Teats</i>			
	Father's Name	<i>Gliska Teats</i>		Father's Birthplace	<i>W. Va</i>		
	Mother's Maiden Name	<i>Dianna Barnes</i>		Mother's Birthplace	<i>W. Va</i>		
Name of person giving Information	<i>Minie Teats</i>		How related to deceased		<i>wife</i>		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	<i>Injury</i>			(116) How long		
	Immediate	<i>Traumatic Peritonitis</i>			How long <i>4 days</i>		
	Are the name, age, sex, color, date and place correctly given above?			<i>yes</i>			
	Signature of Physician			<i>A. Mason M.D.</i>			
Address			<i>Freundeville Md.</i>				
Accident or Suicide? <i>Accident</i>							

Mr Ryland Cern.

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mountain Lake</i>		County <i>Sarrett</i>		MARYLAND	
Date of death	1907	Month	June	Day	1
Age	58	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Ind
Occupation	Farmer	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband <i>Elizabeth White</i>			
Father's Name	<i>Wm White</i>	Father's Birthplace <i>Ind</i>			
Mother's Maiden Name	<i>Jayne White</i>	Mother's Birthplace <i>Ind</i>			
Name of person giving information	<i>James Fish</i>	How related to deceased			

CAUSES OF DEATH

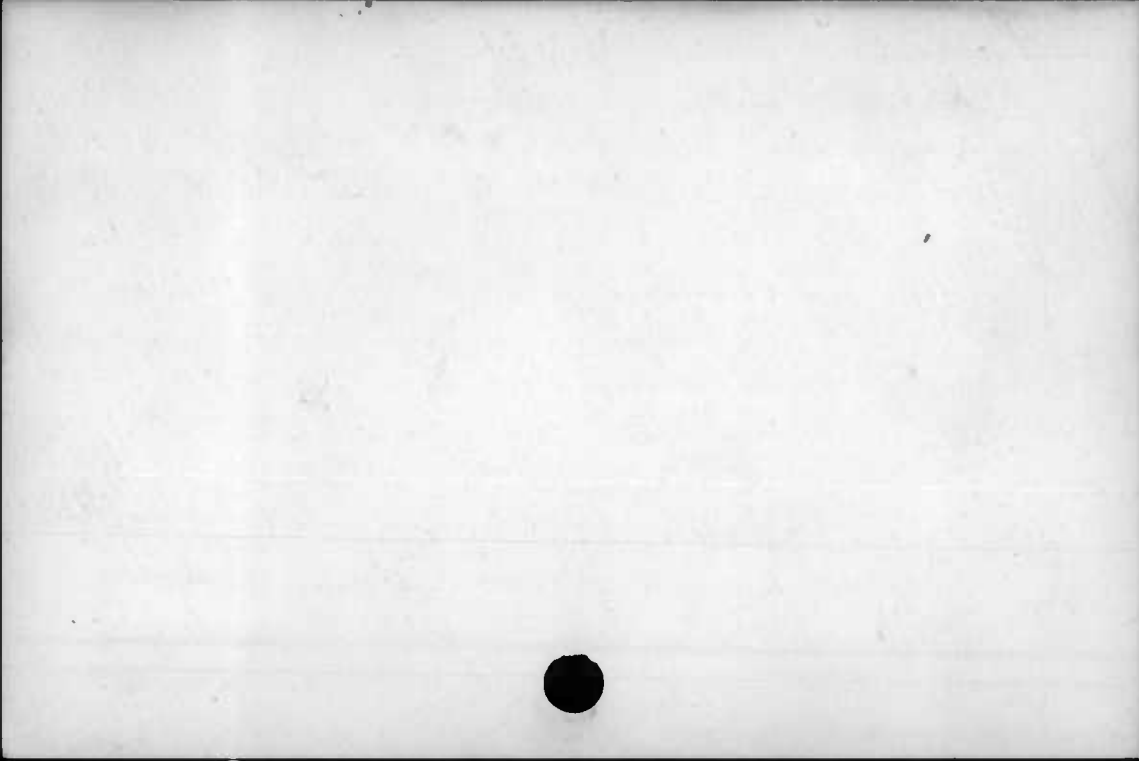
Primary	<i>Stroke</i>	How long	<i>179</i>
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Samuel T. White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mountain Lake</i>		Town <i>Garrett</i>		County		MARYLAND	
Date of death 190 <i>7</i>		Month <i>June</i>		Day <i>1</i>		Age <i>58</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Married, Single or Widowed <i>Single</i>				Occupation <i>Farmer</i>			
Name of Wife or Husband <i>Elizabeth White</i>							
Father's Name <i>Wm. White</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Sara White</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Brother</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Asthma</i>	<i>176</i>	How long <i>20 years</i>
Immediate <i>Kicked with horse</i>		How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. G. Duckwater</i>
		Address <i>Germany, W. Va.</i>
Accident or Suicide <i>Accident</i>		

